|                          | PATENT APPLICATION FEE DETERMINATION RECORD  Effective December 8, 2004 |   |          |                                       |                       |                  |          |                   | 10/188515              |       |                    |                        |  |
|--------------------------|---|---|----------|---------------------------------------|-----------------------|------------------|----------|-------------------|------------------------|-------|--------------------|------------------------|--|
| CLAIMS AS FILED - PART I |   |   |          |                                       |                       |                  |          |                   |                        |       | 00                 |                        |  |
|                          | TOTAL CLAIN   | 672C                                      | > 4colur | Column 1) (C                          |                       |                  | TYPE     |                   |                        | OF    | SMAL               | ER THAN<br>L ENTITY    |  |
|                          | OFF CE FEE NUM  |   | NUMBE    | ER FILED NU                           |                       | BER EXTRA        |          | RATE<br>BASIC F   |                        |       | RATE<br>BASIC FE   |                        |  |
|                          | TOTAL CHARG   | EABLE CLAIMS                              | 24 1     | 3 minus 3 = *                         |                       |                  |          |                   |                        | OF    | `                  | 110.00                 |  |
|                          | VOEPENDENT  | CLAIMS                                    | 7        |                                       |                       |                  |          | X\$ 25=           |                        | OF    | X\$50=             |                        |  |
| ٨                        | MULTIPLE DEP  | ENDENT CLAIM                              |          | -                                     | <u> </u>              | ( )              |          | X100=             | =                      | OR    | X200=              |                        |  |
| 1.                       | If the difference in column 1 is less than zero, enter "0" in o         |   |          |                                       |                       | column 2         | '        | +180=             |                        | OR    | +360=              |                        |  |
|                          |   | CLAIMS AS AMENDED - PART II               |          |                                       |                       |                  |          | TOTAL             | ·                      | OR    | TOTAL              | 110,00                 |  |
|                          |   | (Column 1)                                |          |                                       | (Column 2) (Column 3) |                  |          | SMALI             | L ENTITY               | OR    |                    | R THAN<br>ENTITY       |  |
| AMENDMENT A              |   | REMAINING<br>AFTER<br>AMENDMENT           |          | NUMB<br>PREVIO                        | ER<br>USLY            | PRESENT<br>EXTRA |          | RATE              | ADDI<br>TIONA<br>FEE   |       | RATE               | ADDI-<br>TIONAL<br>FEE |  |
|                          | Total   | *   | Minus    | **                                    |                       | 2                |          | X\$ 25=           |                        | OR    | X\$50=             |                        |  |
|                          | Independent   | * SENTATION OF M                          | Minus    | 0510515                               | •                     | =                |          | X100=             | 1                      | OR    | X200=              |                        |  |
| -                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                          |   |          |                                       |                       |                  |          | +180=             | † <u> </u>             |       |                    |                        |  |
|                          | •   |   |          |                                       |                       |                  |          |                   |                        | OR    | +360=              |                        |  |
| _                        | (Column 1) (Column 2) (Column 3)  |   |          |                                       |                       |                  |          | OOIT. FEE         | L                      | J.OR  | ADDIT. FEE         | L                      |  |
| AMENDMENT B              |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |          | HIGHE:<br>NUMBE<br>PAEVIOU<br>PAID FO | ER .<br>JŠLY          | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI<br>TIONAL         |  |
|                          | Total   | *   | Minus    | **                                    |                       | =                | <b>\</b> | <\$ 25 <b>=</b>   | 155                    | 1 - 1 | X\$50=             | FEE                    |  |
|                          | independent   | 4   | Minus    | AAR .                                 |                       | =                | -        | K100=             |                        | OR    |                    |                        |  |
| <u> </u>                 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                          |   |          |                                       |                       |                  |          | ×100±             | ļ                      | OR    | X200=              |                        |  |
|                          |   |   | 180=     |                                       | OR                    | +360≃            |          |                   |                        |       |                    |                        |  |
|                          |   | 10-1                                      |          | :                                     |                       |                  | ADI      | TOTAL<br>DIT. FEE |                        | OR A  | TOTAL<br>DDIT. FEE |                        |  |
| U                        |   | (Column 1)<br>CLAIMS                      |          | (Column<br>HIGHES                     |                       | Column 3)        |          |                   |                        |       |                    |                        |  |
| AMENDMENT C              |   | REMAINING<br>AFTER<br>AMENDMENT           |          | PAID FO                               | SLY                   | PRESENT<br>EXTRA | - F      | RATE.             | ADDI-<br>TIONAL<br>FEE |       | RATE               | ADDI-<br>TIONAL        |  |
|                          | Total   |   | Minus    | **                                    |                       | =                | X        | \$ 25=            |                        | OR -  | X\$50=             | FEE                    |  |
| AM                       | Independent   |   | Minus    | ***                                   |                       |                  | X        | 100=              |                        | -     |                    |                        |  |
| لبيا                     | FIRST PRESE   | -   |          |                                       | OR                    | X200=            |          |                   |                        |       |                    |                        |  |
|                          |   |   | · ·      | •                                     |                       |                  | +        | 180≃              |                        | OR L  | +360=              |                        |  |
|                          |   |   |          |                                       |                       |                  | ٠        |                   |                        | •     |                    |                        |  |
|                          |   |   |          |                                       |                       |                  |          |                   |                        |       |                    |                        |  |